MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10113

CERTIFICATE OF DEATH

Reg. Dist. No. 10115

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Dames Quarter
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dames Quarter X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) (Last) ABBOTT

4. DATE OF DEATH: (Month) OCT. (Day) 12 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: Sept 21 1887

9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Lord

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Deal Island Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM DIZE

14. MOTHER'S MAIDEN NAME: REBECCA SADDLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Allen Webster Dames Quarter Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 332X
(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Generalized Arteriosclerosis — 4 years.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1955, to Oct. 12 1955, that I last saw the deceased alive on Oct 11, 1955 and that death occurred at 6A M, from the causes and on the date stated above.
SIGNATURE Everett C. Sutter M. D. ADDRESS Dames Quarter Md. DATE SIGNED 10-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-14-55
NAME OF CEMETERY OR CREMATORY St. Johns Cemetery
LOCATION (City, town, or county) Deal Island (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/22/55
REGISTRAR'S SIGNATURE Lola T. Whedbee
24. FUNERAL DIRECTOR L. Webster
ADDRESS Deal Island Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10116

10114 CERTIFICATE OF DEATH Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crisfield
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET AODRESS 79 McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomack
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tangier Island 83 X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) HOMER (Middle) LEWIS (Last) CROCKETT
4. DATE OF DEATH: (Month) October (Day) 2 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	~~Colored~~ White	Married	January 21, 1890	65 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waterman	Seafood Industry	Tangier Island, Va.	USA

13. FATHER'S NAME: Elisha Crockett
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No			Mrs. Etta Parks Crockett--Tangier, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
443X IMMEDIATE CAUSE	(A) Acute dil. of Heart	1 hour.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Myocarditis, Chronic.	years
	DUE TO (C) Hypertensive Cadio-vascular disease	years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING OEATH.		

19A. OATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 27, 1955, to Oct. 2, 1955, that I last saw the deceased alive on Oct. 2, 1955, and that death occurred at 2:30 A M, from the causes and on the date stated above.

SIGNATURE C. Rawley M. D. ADDRESS Crisfield Md. DATE SIGNED Oct. 3, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 4, 1955	Swain Memorial Cemetery	Tangier, Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR AOORESS
Oct. 3, 1955	Barbara S. Adams	Bradshaw & Sons--Crisfield, Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10117

10109

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield
LENGTH OF STAY (in this place) 1948
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Sackertown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (First) LORETTA (Middle) B. (Last) DRYDEN
4. DATE OF DEATH: (Month) October (Day) 18 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: March 10, 1885
9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Fairmount, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John S. Blake
14. MOTHER'S MAIDEN NAME: Laura Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Blake Dryden-Sackertown Rd.-Crisfield, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 IMMEDIATE CAUSE	(A) Pulmonary Edema	One day
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Hypertensive Arteriosclerotic Heart Disease	3 years
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Recurrent Cerebral Encephalopathy	3 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/23, 1952, to 10/15, 1955, that I last saw the deceased alive on 10/17, 1955, and that death occurred at 12:20 M, from the causes and on the date stated above.

SIGNATURE G. N. Barr, M.D. ADDRESS M. D. Crisfield, Md. DATE SIGNED 10/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 20, 1955
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Marion Station, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 20, 1955
REGISTRAR'S SIGNATURE Barbara S. Adams
24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons-Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10118

10115

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crisfield
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dames Quarter X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) INFANT (Middle) BOY (Last) FORD

4. DATE OF DEATH: (Month) October (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: October 19, 1955

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 2 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10B. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Ford

14. MOTHER'S MAIDEN NAME: Lorraine Bozman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Joseph Ford--Dames Quarter, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5 IMMEDIATE CAUSE (A) Premature infant — INTERVAL BETWEEN ONSET AND DEATH: 5½-6 mo

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Premature Separation Placenta

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 1955, to Oct 19, 1955, that I last saw the deceased alive on Oct 19, 1955, and that death occurred at 11:30 PM, from the causes and on the date stated above.

SIGNATURE C R Rawley M. D. ADDRESS Crisfield, Md DATE SIGNED 10/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Oct. 20, 1955 — NAME OF CEMETERY OR CREMATORY Dames Quarter Cemetery — LOCATION (City, town, or county) (State) Dames Quarter, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 20, 1955 — REGISTRAR'S SIGNATURE Barbara L. Adams

24. FUNERAL DIRECTOR ADDRESS Leroy G. Webster-Deal Island, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

12005203280

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10119

10110

CERTIFICATE OF DEATH

Reg. Dist. No. 265

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 N. 7th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 39
STREET ADDRESS (If rural give location) N. 7th St. 1

3. NAME OF DECEASED: (Type or Print) (First) EDITH (Middle) DENNIS (Last) GALE

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 19 55

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: June 12,1890
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10B. KIND OF BUSINESS OR INDUSTRY: Seafood Industry
11. BIRTHPLACE (State or foreign country): Marion Station, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arza Dennis
14. MOTHER'S MAIDEN NAME: Mary Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-03-0842
17. INFORMANT & ADDRESS: Linwood Gale--N. 7th St.--Crisfield, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X IMMEDIATE CAUSE (A) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: one day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized Arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension — 1 Yrs.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1955, to 10-3, 1955, that I last saw the deceased alive on 10-3, 1955, and that death occurred at 7:00 P.M, from the causes and on the date stated above.

SIGNATURE A. N. Barr, M.D. ADDRESS M. D. Crisfield, Md. DATE SIGNED 10-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct.6,1955
NAME OF CEMETERY OR CREMATORY Private Family Cemetery
LOCATION (City, town, or county) (State) Marion Station, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 6, 1955
REGISTRAR'S SIGNATURE Barbara S. Adams
24. FUNERAL DIRECTOR AOORESS Bradshaw & Sons--Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10120

10111

CERTIFICATE OF DEATH

Reg. Dist. No. 405

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) 39
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield 39
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Cornelius (Middle) (Last) Hall

4. DATE OF DEATH: (Month) Oct (Day) 10 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married | 8. DATE OF BIRTH: Mar 22-1881 | 9. AGE last birthday 74 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): for wholesale dealer | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): accomac va | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Handy Hall | 14. MOTHER'S MAIDEN NAME: Georganna Waters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 220-03-8765 | 17. INFORMANT & ADDRESS: annie Hall Crisfield Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X IMMEDIATE CAUSE (A) Abdominal and Osseous Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of the Prostate — 3 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Oct. 1952 | 19B. MAJOR FINDINGS OF OPERATION: Carcinoma of the Prostate (Philadelphia General Hospital) | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1955, to 10/10, 1955, that I last saw the deceased alive on 10-6, 1955, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE A. N. Barr | ADDRESS M. D. Crisfield, Md. | DATE SIGNED 10/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF Oct 13-1955 | NAME OF CEMETERY OR CREMATORY Lawsonia | LOCATION (City, town, or county) (State) Crisfield somerset co Md

DATE REC'D BY LOCAL REGISTRAR Oct-13-55 | REGISTRAR'S SIGNATURE Barton L Adams | 24. FUNERAL DIRECTOR Charles H. Ward | ADDRESS Marion sta Md

Item 21f Film G187 10-14-55 ams

10116

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10121

Reg. Dist. No. 260

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crisfield
LENGTH OF STAY (in this place) dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS 99 McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY Highland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Avon Park 48 X-3
STREET ADDRESS (If rural give location) 400 Green St.

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (Last) HARRIS

4. DATE OF DEATH: (Month) October (Day) 2 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: August 1892
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): foreman
10B. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Birmingham, Alabama
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 263-26-0154
17. INFORMANT & ADDRESS: Miss Linniel Harris-- 1745 Master St. Camden, N. J.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

981X IMMEDIATE CAUSE (A) Pistol Shot wound in Chest

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) See Report of Autopsy
William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) Petcoorth (County) Somerset (State) Md.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 10 2 1955-11 A.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? HOMICIDE Shot in Chest with Pistol

22. I hereby certify that I attended the deceased from Oct 2 to Oct 2 1955, that I last saw the deceased alive on Oct 2 1955, and that death occurred at 11a M, from the causes and on the date stated above.
SIGNATURE Wm H Coulbourn M. D. ADDRESS Crisfield Md DATE SIGNED Oct 5-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 10, 1955
NAME OF CEMETERY OR CREMATORY Avon Park Cemetery
LOCATION (City, town, or county) (State) Avon Park, Florida

DATE REC'D BY LOCAL REGISTRAR 10/5/55
REGISTRAR'S SIGNATURE L. E. Johnson, M.D.
24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons Funeral Home--Crisfield, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within [illegible] hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10117 **CERTIFICATE OF DEATH** 11222

Reg. Dist. No. 761

1. PLACE OF DEATH

COUNTY Somerset — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Marion Station

LENGTH OF STAY (in this place): 87 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: OR —

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Marion Station X

STREET ADDRESS (If rural give location): /

3. NAME OF DECEASED (Type or Print): (First) George (Middle) William (Last) Horsey

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Col.	Married	May 1, 1868	87 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seafood	—	Marion Sta., Somerset Co	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Horsey	Mary E. Banks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give wer or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No.	220-26-3211	Arzey T. Horsey 820 Palm St. Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Inanition — INTERVAL BETWEEN ONSET AND DEATH: 5 mos

ANTECEDENT CAUSE(S) DUE TO (B) Hypertensive Arteriosclerotic Cardio-Vascular

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Senility — Lev. Gran

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1954, to Oct 31, 1955, that I last saw the deceased alive on 10/22, 1955, and that death occurred at 4:19 M, from the causes and on the date stated above.

SIGNATURE A. N. Barr M.D. **ADDRESS** (Street, city, town, state) Crisfield Md. **DATE SIGNED** 11/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Nov. 3, 1955	Branch Liberia	Marion Station Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11-9-55	Nellie D. Payne	Charles H. Ward Marion Sta., Md.

Bk 235

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 72 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10118

CERTIFICATE OF DEATH

10122

Reg. Dist. No. 261

1. PLACE OF DEATH

COUNTY Somerset — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Marion Station

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 08

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Somerset

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station X

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED (Type or Print) (First) Adline (Middle) (Last) Lankford

4. DATE OF DEATH (Month) Oct. (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
Female	Col.	Widowed	March 14, 1879	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	—	Marion Station.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Small	Milky Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S ADDRESS
No	—	Estella Whittington, Marion Sta.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343 IMMEDIATE CAUSE (A) Acute dilatation of heart — INTERVAL BETWEEN ONSET AND DEATH: <

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Uremia & Anasarca — 1 mo

DUE TO (C) Rheumatoid arthritis — 15 to yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from ....., 19 47, to Oct, 19 55, that I last saw the deceased alive on Oct 29, 19 55, and that death occurred at 11 A M, from the causes and on the date stated above.

SIGNATURE C M Rawley M.D. — ADDRESS (Street, city, town, state) Crisfield, Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 1, 1955	John Wesley	Marion Sta., Som. Co. Md.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
NOV 4 1955	Nellie D. Payne	Charles H. Ward - Marion Sta., Md. Box 23

RECEIVED

NOV 4 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10123

10119 **CERTIFICATE OF DEATH** Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crisfield
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 23X-2
STREET ADDRESS (If rural give location) RFD #3

3. NAME OF DECEASED: (Type or Print) (First) G. (Middle) RUFUS (Last) MASON
4. DATE OF DEATH: (Month) Oct (Day) 16, (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 2, 1878
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George L. Mason
14. MOTHER'S MAIDEN NAME: Margaret Ellen Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Clara R. Mason, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X IMMEDIATE CAUSE (A) DUE TO Uremia Acute Dil. of Heart — 10 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Chronic Myocarditis + Chronic Int. Nephritis + Diabetes Mellitus — years
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 9, 1955, to Oct 16, 1955, that I last saw the deceased alive on Oct. 16, 1955, and that death occurred at 3:50P M, from the causes and on the date stated above.
SIGNATURE George C. Calhoun M. D. ADDRESS Marion Sta. Md. DATE SIGNED Oct. 18, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10/19/55
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) (State) Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 16, 1955
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR ADDRESS Henry H. Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

10124

MARYLAND 10120

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne; MARYLAND; LENGTH OF STAY in this place: Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Princess Anne Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) L. (Last) McIntyre

4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb 14 1892

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James McIntyre

14. MOTHER'S MAIDEN NAME: Georgia Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service) WW I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Dr. George Dunn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial rupture — Interval between onset and death: instantly

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary occlusion — 50 days

(c) arteriosclerotic cardiovascular dis. — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-23, 1953 to 10-26, 1955, that I last saw the deceased alive on 10-21, 1955 and that death occurred at 8:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George M. Dunn M.D. ADDRESS Princess Anne Md. DATE SIGNED 10-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 10/28/55 | NAME OF CEMETERY OR CREMATORY: John Wesley Cemetery | LOCATION (City, town, or county): Mt. Vernon (State): Md.

DATE REC'D BY LOCAL REG. 10/28/55 | REGISTRAR'S SIGNATURE: R. F. Johnson, M.D. | 24. FUNERAL DIRECTOR: James L. Inman ADDRESS: Princess Anne, Md.

GT

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10125

10121 CERTIFICATE OF DEATH Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crisfield
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield 39
STREET ADDRESS (If rural give location) Freemantown Rd.

3. NAME OF DECEASED: (Type or Print) (First) HATTIE (Middle) ANNE (Last) MILES
4. DATE OF DEATH: (Month) October (Day) 2 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Sept. 4, 1882
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY: Seafood Industry
11. BIRTHPLACE (State or foreign country): Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Sterling
14. MOTHER'S MAIDEN NAME: Caroline S. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-12-5257
17. INFORMANT & ADDRESS: Freemantown Rd. Clarence H. Sterling--Crisfield, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 5 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Urine Infection, gastro-intestinal Type — 7 days

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/27, 1955, to 10/2, 1955, that I last saw the deceased alive on 10/2, 1955, and that death occurred at 3 a.M, from the causes and on the date stated above.

SIGNATURE A. N. Barr M. D. ADDRESS Crisfield Md DATE SIGNED 10/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 4, 1955
NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 4, 1955
REGISTRAR'S SIGNATURE Barbara S. Adkins
24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons--Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

10122

10126
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 360

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Princess Anne Rural
LENGTH OF STAY (in this place) Life -
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Princess Anne, Md R 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Shelia (Middle) Elizabeth (Last) Miller.

4. DATE OF DEATH (Month) October (Day) 17 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sing

8. DATE OF BIRTH: July 31-1955

9. AGE last birthday: yrs. 2 IF UNDER 1 YEAR: Months 2 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lawrence Miller

14. MOTHER'S MAIDEN NAME: Lela Jones.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Lela Jones Kingston Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

491 X
Immediate cause (a) Bronchi - pneumonia DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 3 days.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R.E. Johnson M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Oct 18-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/18/55	Mt. Carmel Cem.	Princess Anne, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/18/55	R.E. Johnson, M.D.	William H. Jones Jr.	Princess Anne Md.

20752244436

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No.

1. PLACE OF DEATH:

COUNTY | MARYLAND

CITY (If outside corporate limits, write RURAL) | LENGTH OF STAY (In this place)

STREET ADDRESS (If rural, give location)

HOSPITAL OR INSTITUTION (If neither, give street address)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE | COUNTY

CITY (If outside corporate limits write RURAL and give district)

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last)

4. DATE OF DEATH | (Month) | (Day) | (Year)

5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last Birthday: Years | If under 1 year, Months | If under 1 month, Days

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 10c. RETIRED? (Give yr. if so) | 11. CITIZEN OF WHAT COUNTRY?

12. FATHER'S NAME | 13. MOTHER'S MAIDEN NAME

14. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unk.) | (If Yes, give war or dates of service) | 15. Social Security No. | 16. INFORMANT'S ADDRESS

17. MEDICAL CERTIFICATION

17. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) _____ DUE TO

Antecedent cause(s) (b) _____ DUE TO

Please see instructions if any, (c) _____ DUE TO

giving rise to the above cause (a), (b) and (c).

Enter underlying cause last. (d)

18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT, LATE'S WAR (Specify) ☐ | 21b. PLACE (Home, farm, factory, office, street, etc.) | 21c. (City or town) | (County) | (State)

21d. TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | 21e. INJURY OCCURRED: While at work ☐ | While not at work ☐

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inquest ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY

DATE SIGNED BY CORONER | SIGNATURE & ADDRESS | 24. FUNERAL DIRECTOR | LICENSE

BUREAU V. S.

OCT 28 1955

RECEIVED

10123

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10127 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pocomoke
LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Pocomoke R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lottie (Middle) (Last) Mobley

4. DATE OF DEATH (Month) Oct (Day) 29 (Year) 1955

5. SEX: Female **6. COLOR OR RACE:** Co **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single **8. DATE OF BIRTH:** April 24-1907 **9. AGE last birthday:** 48 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer **10b. KIND OF BUSINESS OR INDUSTRY:** Farm **11. BIRTHPLACE** (State or foreign country): North Carolina U.S.A **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: John Mobley **14. MOTHER'S MAIDEN NAME:** Cherie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) **16. SOCIAL SECURITY NO.:** — **17. INFORMANT & ADDRESS:** Elsie Manuel Pocomoke Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812X

Immediate cause (a) Fractured Skull, Broken Neck. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Internal injuries - Compound Fracture DUE TO

(c) of Right and left legs -

INTERVAL BETWEEN ONSET AND DEATH: Minutes

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY) Road **21c.** (City or town) Pocomoke City (County) Somerset (State) Maryland

21d. TIME (Month) OF INJURY Oct (Day) 29 (Year) 55 (Hour) 7:30 P.M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?** Ran in front of Car on Highway 13 -

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R.H. Johnson M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED October 31-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial **DATE THEREOF** 11-2-55 **NAME OF CEMETERY OR CREMATORY** Wharton Memorial Cemetery **LOCATION** (City, town, or county) Parksley, Virginia (State)

DATE REC'D BY LOCAL REG. 11/3/55 **REGISTRAR'S SIGNATURE** R.H. Johnson M.D. **24. FUNERAL DIRECTOR** Wharton & Savage Funeral Home-New Church, **ADDRESS** ~~Virginia~~

VS. A15A - 5 - 53

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 21

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10128

10124

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place) about 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 Crisfield Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) W. (Last) Richards

4. DATE OF DEATH (Month) Oct. (Day) 31 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Mar 4, 1877
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months 7 Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10B. KIND OF BUSINESS OR INDUSTRY: Retired Waterman
11. BIRTHPLACE (State or foreign country): Fairmount
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W Richards
14. MOTHER'S MAIDEN NAME: Mary W Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs Blanche Ford

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X
IMMEDIATE CAUSE (A) Uremia - Cerebral Hemorrhage — 3 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Chronic Int. Nephritis Chronic Myocarditis — years
DUE TO (C) General Arteriosclerosis & Epilepsy — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28, 1955, to Oct. 31, 1955, that I last saw the deceased alive on Oct. 31, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE George C Coulbourn
ADDRESS M. D. Marion Sta. Md.
DATE SIGNED 11-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov. 2nd
NAME OF CEMETERY OR CREMATORY K of P. Cemetery
LOCATION (City, town, or county) (State) Upper Fairmount, Md

DATE REC'D BY LOCAL REGISTRAR Nov. 1-1955
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Harry B. Miles
ADDRESS Upper Fairmount Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10129

10·25

CERTIFICATE OF DEATH

Reg. Dist. No. 26 5

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crisfield
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 79 McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station X
STREET ADDRESS (If rural give location) Quindocqua Section

3. NAME OF DECEASED: (Type or Print) (First) LUCY (Middle) BELLE (Last) TAYLOR

4. DATE OF DEATH: (Month) October (Day) 13 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: August 7, 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Fairmount, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Dize

14. MOTHER'S MAIDEN NAME: Sarah Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: R.F.D. Quindocqua Mrs. Lillian Dorsey- Marion Station, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 5927

(A) Cerebral Hemorrhage - Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) General Arteriosclerosis — Years

DUE TO (C) Chronic Int. Nephritis & Chronic Myocarditis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 50, to Oct. 13, 19 55, that I last saw the deceased alive on Oct. 13, 19 55, and that death occurred at 5:20 A M, from the causes and on the date stated above.

SIGNATURE Perry C Coulbourn M. D. ADDRESS Marion Sta. Md DATE SIGNED Oct. 14, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct. 15, 1955

NAME OF CEMETERY OR CREMATORY Fairmount Cemetery

LOCATION (City, town, or county) (State) Fairmount, Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 14, 1955

REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR ADDRESS Bradshaw & Sons--Crisfield, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10130

10112

CERTIFICATE OF DEATH

Reg. Dist. No. 25

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY: Somerset
STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield
LENGTH OF STAY (in this place): 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Laird Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Crisfield
39
STREET ADDRESS (If rural give location): Laird Ave.
1

3. NAME OF DECEASED: (First) ISAIAH (Middle) (Last) THOMAS
4. DATE OF DEATH: (Month) October (Day) 6 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Aug. 29, 1863
9. AGE last birthday: 92 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman
10B. KIND OF BUSINESS OR INDUSTRY: Seafood Industry
11. BIRTHPLACE (State or foreign country): Tangier Island, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lybrand Thomas
14. MOTHER'S MAIDEN NAME: P olly Crockett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): 9
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4468
IMMEDIATE CAUSE (A) Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized Arteriosclerosis
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Benign Prostatic Hypertrophy Senile Degeneration

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23, 1955, to 10-6, 1955, that I last saw the deceased alive on 10-5, 1955, and that death occurred at 1:20a M, from the causes and on the date stated above.

SIGNATURE: A. N. Bane, M.D. — M. D.
ADDRESS: Crisfield, Md.
DATE SIGNED: 10/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct. 9, 1955
NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR: Oct. 7, 1955
REGISTRAR'S SIGNATURE: Barbara S. Adams
24. FUNERAL DIRECTOR ADDRESS: Bradshaw & Sons—Crisfield, Md.